

# INVOICE

SAMANTHA RHINERSON

256-431-5324 | srhinerson99@outlook.com | 550 Amsonia Circle  
Guyton, GA 31312

## BILL TO:

Puerto Rico Chief Federal Monitor

**INVOICE NO:** 2022-01

**DATE:** January 31, 2022

DATE	DESCRIPTION	HOURS	RATE	AMOUNT
1/03/2022	3.0 hours of travel planning and meeting	3.0	\$50.00	\$150.00
1/04/2022	0.5 hour of travel planning and 253 planning	0.5	\$50.00	\$25.00
1/10/2022	0.5 hour of travel planning	0.5	\$50.00	\$25.00
1/11/2022	0.5 hour of research	0.5	\$50.00	\$25.00
1/13/2022	0.5 hour of travel planning	0.5	\$50.00	\$25.00

**AMOUNT DUE**

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PAGE**

I hereby certify that the amount billed in this invoice is true and correct in my capacity as a member of the Federal Monitoring Team. I further certify that I have not received any income, compensation, or payment for services rendered under a regular employment or contractual relationship with the Commonwealth, or any of its departments, municipalities or agencies.

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DATE	DESCRIPTION	HOURS	RATE	AMOUNT
1/14/2022	1.0 hour of travel planning	1.0	\$50.00	\$50.00
1/15/2022	2.5 hour of travel planning and data request confirmation	2.5	\$50.00	\$125.00
1/16/2022	1.0 hour of data request confirmation	1.0	\$50.00	\$50.00
1/17/2022	3.5 hours of team calls and travel planning	3.5	\$50.00	\$175.00
1/18/2022	1.0 hour of team meeting and itemized list compilation	1.0	\$50.00	\$50.00

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DATE	DESCRIPTION	HOURS	RATE	AMOUNT
1/19/2022	1.5 hours of team calls and training certification	1.5	\$50.00	\$75.00
1/20/2022	1.5 hour of training certification and policy review facilitation	1.5	\$50.00	\$75.00
1/23/2022	1.0 hour of travel planning and policy review	1.0	\$50.00	\$50.00
1/24/2022	1.0 hour of travel planning	1.0	\$50.00	\$50.00
1/25/2022	0.5 hour of policy review facilitation and itemized list	0.5	\$50.00	\$25.00

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DATE	DESCRIPTION	HOURS	RATE	AMOUNT
1/26/2022	1.0 hour of template creation and research	1.0	\$50.00	\$50.00
1/27/2022	1.0 hour of research and travel planning	1.0	\$50.00	\$50.00
1/31/2022	1.3.5 hours of team meetings and policy review	3.5	\$50.00	\$175.00

**AMOUNT DUE**

**\$1,250.00**

I hereby certify that the amount billed in this invoice is true and correct in my capacity as a member of the Federal Monitoring Team. I further certify that I have not received any income, compensation, or payment for services rendered under a regular employment or contractual relationship with the Commonwealth, or any of its departments, municipalities or agencies.